

WORKFORCE SERVICES

Tel: 605.773.4212 Fax: 605.773.6184 sdjobs.org

**SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM
APPLICATION FORM**Name: _____
FIRST M.I. LASTPhysical Address: _____
STREET CITY
STATE COUNTY **LOCATION:** ☐ Rural ☐ Urban

Mailing Address (If different from physical): _____

Primary Tel: (____) _____-____ Alternate Tel: (____) _____-____

Email: _____

Emergency Contact: _____ Tel: (____) _____-____
NAME RELATIONSHIP

Date of Birth: ____/____/____ Last Four of SSN: _____ Number in Family Household: ____

Receiving Public Assistance: (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Subsidized housing | <input type="checkbox"/> State of local welfare |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Social Security Disability (SSDI) | (General Assistance) |
| <input type="checkbox"/> SNAP | <input type="checkbox"/> TANF | <input type="checkbox"/> Other: |

Gender: ☐ Male ☐ Female Are you Hispanic or Latino?: ☐ Yes ☐ No ☐ Chose not to disclose**Race:** (Check all that apply)

- ☐
- American Indian or Alaskan Native
-
- ☐
- Black/African American
-
- ☐
- White/Caucasian
-
- ☐
- Asian
-
- ☐
- Native Hawaiian/Pacific Islander
-
- ☐
- Other: _____
-
- ☐
- Chose not to disclose

Last Grade Completed:

- | | |
|---|---|
| <input type="checkbox"/> No grade school | <input type="checkbox"/> 2 years of college |
| <input type="checkbox"/> 1-11 Years | <input type="checkbox"/> 3 years of college |
| <input type="checkbox"/> 12 years, but no HS Diploma or Equivalency | <input type="checkbox"/> Associates |
| <input type="checkbox"/> HS Diploma or equivalency | <input type="checkbox"/> Bachelors |
| <input type="checkbox"/> 1 year of college | <input type="checkbox"/> Education beyond bachelors |

Have you previously participated in SCSEP through Experience Works or National Indian Council on Aging? ☐ Yes ☐ No**PRIORITY**

1. Disability? ☐ Yes ☐ No ☐ Choose not to disclose If yes, submit documentation if available
2. Did you engage in volunteer work? ☐ Yes ☐ No
3. Employed?: ☐ Yes ☐ No

PRIORITY (cont.)

4. Limited English Proficiency: ☐ Yes ☐ No Primary Language: _____
5. Low Literacy Skills? ☐ Yes ☐ No
6. Homeless? ☐ Yes ☐ No
7. Displaced homemaker? ☐ Yes ☐ No
8. Reside in one of the following South Dakota counties: Bennett, Buffalo, Corson, Dewey, Mellette, Oglala Lakota, Todd, Ziebach. ☐ Yes ☐ No
9. Employed?: ☐ Yes ☐ No
10. Veterans Status: ☐ Not Covered ☐ Self ☐ Spouse
11. Low Employment Prospects? ☐ Yes ☐ No If yes, explain:
12. At risk of homelessness? ☐ Yes ☐ No
13. Family Income of \$0? ☐ Yes ☐ No

PRE-ASSESSMENT

When was your last date of employment? (MM/YYYY) ____/____/____

What type of work did you perform? _____

What type of work are you most interested in learning? _____

What skills are you most interested in learning? _____

CERTIFICATION

I certify that the information on this application and its supporting documents are accurate and complete. I understand and agree that misrepresentation or omission of facts represents grounds for elimination from consideration from SCSEP. I authorize the DLR to investigate and verify all statements contained in this application and supporting materials.

SIGNATURE

____/____/____
DATE

STAFF USE ONLY

- ☐ Disability ☐ 75 years or ☐ Criminal Convictions ☐ Lack
☐ Live in an area of persistent unemployment